| Electronic Pate                         | nt App | lication Fee                               | Transm   | ittal  |                         |  |  |
|---|--------|--|----------|--------|-------------------------|--|--|
| Application Number:                     | 106    | 10659578                                   |          |        |                         |  |  |
| Filing Date:                            | 10-    | 10-Sep-2003                                |          |        |                         |  |  |
| Title of Invention:                     | Dia    | Diagnostic screens for alzheimer's disease |          |        |                         |  |  |
| First Named Inventor/Applicant Name:    | Zsu    | Zsuzsanna Nagy                             |          |        |                         |  |  |
| Filer:                                  | Jur    | June Elizabeth Cohan/Joan Donovan          |          |        |                         |  |  |
| Attorney Docket Number:                 | 039    | 0399.0002C                                 |          |        |                         |  |  |
| Filed as Large Entity                   | •      |  |          |        |                         |  |  |
| Utility under 35 USC 111(a) Filing Fees |        |  |          |        |                         |  |  |
| Description                             |        | Fee Code                                   | Quantity | Amount | Sub-Total ir<br>USD(\$) |  |  |
| Basic Filing:                           |        |  |          |        |                         |  |  |
| Pages:                                  |        |  |          |        |                         |  |  |
| Claims:                                 |        |  |          |        |                         |  |  |
| Miscellaneous-Filing:                   |        |  |          |        |                         |  |  |
| Petition:                               |        |  |          |        |                         |  |  |
| Patent-Appeals-and-Interference:        |        |  |          |        |                         |  |  |
| Post-Allowance-and-Post-Issuance:       |        |  |          |        |                         |  |  |
| Extension-of-Time:                      |        |  |          |        |                         |  |  |
| Extension - 5 months with \$0 paid      |        | 1255                                       | 1        | 2350   | 2350                    |  |  |

| Description    | Fee Code          | Quantity | Amount | Sub-Total in<br>USD(\$) |
|----------------|-------------------|----------|--------|-------------------------|
| Miscellaneous: |                   |          |        |                         |
|                | Total in USD (\$) |          |        | 2350                    |